

**ICPC PLACEMENT REQUEST**

**Use of form:** Complete this form to request out-of-state placement of child(ren) per s. 48.988, Wis. Stats. Confidential information on this form will be used for identification purposes only.

<b>TO:</b> (Name of Receiving State)	<b>FROM:</b> Wisconsin ICPC Division of Children and Family Services Bureau of Programs and Policies P. O. Box 8916 Madison, WI 53708-8916
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**NOTICE IS GIVEN OF INTENT TO PLACE CHILD**

**IDENTIFYING DATA**

Name - Child (Last, First, MI)	Social Security No.	Birthdate	Sex	Ethnic Group	IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Name - Mother			Name - Father		
Name - Agency or Person Responsible for Planning for Child				Telephone Number	
Address - (Street, City, State, Zip Code)					
Name - Agency or Person Financially Responsible for Child			Address - (Street, City, State, Zip Code)		

**PLACEMENT INFORMATION**

Name - Person or Facility Child is to be Placed With	Telephone Number
Address - (Street, City, State, Zip Code)	

Type of Care <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Group Home Care <input type="checkbox"/> Residential Care Center <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Institution Care (Article VI)	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (not parent) - Specify Relationship <input type="checkbox"/> Other - Specify -	<input type="checkbox"/> Adoption <input type="checkbox"/> Subsidy / IV-E Assistance To be completed in - <input type="checkbox"/> Sending state <input type="checkbox"/> Receiving state
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Legal Status <input type="checkbox"/> Sending Agency Custody / Guardianship <input type="checkbox"/> Parent Relative Custody / Guardianship <input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Parental Rights Terminated - Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee <input type="checkbox"/> Other - Specify
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**SERVICES REQUESTED**

Initial Report (If applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other - Specify
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Name - Supervising Agency in Receiving State

Enclosed  
 Child's Social History   
 Home Study of Placement Resource   
 Court Order   
 Other Enclosures

<b>SIGNATURE</b> - Person or Sending Agency Representative	Date Signed
<b>SIGNATURE</b> - Sending State Compact Administrator or Alternate	Date Signed

**ACTION BY RECEIVING STATE**

<input type="checkbox"/> Placement may be made <input type="checkbox"/> Placement shall not be made	Remarks	Date Signed
<b>SIGNATURE</b> - Receiving State Compact Administrator or Alternate		Date Signed

- Distribution:
- Sending Agency retains 1 copy and forwards original to Sending Compact Administrator.
  - Sending Compact Administrator retains 1 copy and forwards 4 copies to Receiving Agency Compact Administrator.
  - Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to Receiving Agency and 2 copies to Sending Compact Administrator within 60 days.
  - Sending Compact Administrator retains 1 completed copy and forwards the other completed copies to the Sending Agency.